

**MULTIPLE INDEPENDENT CLAIM
SEE CLAIM IDENTIFICATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
107069527

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.		DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3		2	/	/			53						
4	/		/				54						
5		1	/	/			55						
6		1	/	/			56						
7		1	/	/			57						
8		4	/	/			58						
9		4	/	/			59						
10		4	/	/			60						
11		0	/	/			61						
12		0	/	/			62						
13	/		/				63						
14		1	/	/			64						
15		1	/	/			65						
16	/		/				66						
17		1	/	/			67						
18		1	/	/			68						
19		6	/	/			69						
20		6	/	/			70						
21		6	/	/			71						
22		6	/	/			72						
23	/		/				73						
24	/		/				74						
25		2	/	/			75						
26		2	/	/			76						
27	/		/				77						
28	/		/				78						
29		0	/	/			79						
30		0	/	/			80						
31		0	/	/			81						
32		0	/	/			82						
33		0	/	/			83						
34		0	/	/			84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9		9				TOTAL IND.						
TOTAL DEP.	57		25				TOTAL DEP.						
TOTAL CLAIMS	66		34				TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS